tration or ligation of the tubes. As to the predisposition of epileptics to eclampsia there was still a great difference of opinion among observers in this direction. Nerlinger thought that for one thing a differential diagnosis of an attack, occurring during the puerperal state in an epileptic, was difficult to make, as to whether it was an epileptic or eclamptic seizure, and that as to the question of predisposition of epileptics to eclampsia the matter was by no means settled. And also that in young children predisposed by neurotic inheritance to epilepsy it would be a difficult matter to say whether the first attack was epilepsy or eclampsia. Fere thought that there was a close association, in predisposed neurotics, between epilepsy and eclampsia. B. M.

ALTERATION IN THE SYMPATHETIC AND CEREBRO-SPINAL SYSTEM IN ADDISON'S DISEASE.

The complexity of symptoms in this disease is still not much better understood than when Addison first described it in 1855. According to Fleiner the opinion in Germany is that the abdominal sympatheticus is at fault, generally of the branch supplying the suprarenal capsule. Recent writers have also found disease in the spinal nerves going to these parts. Tizzoni has found considerable alteration in the central nervous system, such as pigmentary deposits descending numerous nerve fibres, with inflammations and hæmorrhages. This author had a case of accidental death to occur in a patient with distinct indications of Addison's disease. During life the only evidence of ill health was a fungous inflammation of the testicle, which was operated on, death following in twenty-four hours. Autopsy revealed an extremely enlarged semilunar ganglion, with chronic inflammation and thickening of the supra renal capsule, which proved to be tuberculous. In another case autopsy showed a part of the left supra renal capsule to be occupied by a metastatic angiosarcoma. The right capsule was healthy. The semilunar ganglion was not enlarged. The most of the nerve bundles of the splachnic were in a state of sarcomatous degeneration. Above this point the whole abdominal sympathetic system, as well as the accompanying blood vessels, were in a condition of inflammation with degeneration of the medullated nerve fibres and of the ganglion cells. In the first case the entire abdominal sympatheticus was involved in an atrophic process. That both cases were consequent metastases from ganglionic tumors in the neck there could be no doubt, as such a condition was known to have existed. In the intervertebral spinal ganglia there was much inflammation, their capsule was thickened and their inner cellular layer indicated hæmorrhages, the ganglion cells were infiltrated with pigment and were in a marked state of degeneration as well as the accompanying sympathetic nerves. The posterior roots as well as the intercostal nerves were in a condition of degeneration. The motor roots and the substance of the spinal cord proper, were in a normal condition. The peripheral nerves, the ischiatic and vagus, were found degenerated. This condition existed in the new as well as the old case, and could not be laid to cachexia. In the mixed nerves of the skin there was a high degree of degeneration in the sensory fibres. The muscular fibre cells of the heart were in a state of pigmentary atrophy. The principal change in the gastro-intestinal tract was the pigmentary alteration. This might be due to the nearness of the trophic disturbance in the intervertebral ganglia. The disease of the supra-renal capsule while not an inflammation of the sympatheticus might bring about that condition and produce the complex symptoms of Addison's disease. The question was, could the disease of the sympatheticus produce the change in the supra-renal capsule as well as the accompanying symptom. (Medicin. Anzeiger, July 11th.)

B. M.

SENSORY CHANGES AND CONDITIONS OF THE OCULAR APPARATUS FOUND IN EPILEPSY IMBECILITY AND GENERAL PARALYSIS OF THE INSANE.

Chas. A. Oliver, M.D. (Jour. of the American Med. Asso., Sept. 26, '91), says: "In idiopathic epilepsy in the male adult, the chronic retinitis and perivasculitis associated with partial red gray degeneration of the optic nerve, causing decrease of physiological working power, are probably explained in part by the presumption that every convulsive discharge leaves an additional pathological condition, by which such intra-ocular appearances are established as the results of a similar process which has *pari passu* been taking place within the intra-cranial substance, especially the cerebral cortex. In the lower grades of imbecility in the male adult resulting from malformation or